Practice Management Guideline Monitoring 101
Slide Guide

Slide 1  
*Practice Management Guideline Monitoring 101*

Slide 2  
*Practice Guidelines*

Slide 3  
*Practice Guideline Monitoring—Why do it?*
- Green book ACS-COT requires a “structured effort by a trauma program to demonstrate a continuous process for improving care for injured patients.”
- Data driven/evidenced based practice is the expectation within our professions as well as from our consumers and payor sources
- ACS site visit review….do you have a PG for this?...”yes”….did you follow it? Need to be able to show evidence to reviewers
- There is a potential legal implication for providers that do not follow established guidelines and patient harm results.

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*Practice Guideline Monitoring—Developing the Plan, Basic Tenets*
- Keep process simple *and* meaningful
  - Use of surrogate markers….What is the key message or intent of the guideline?
  - What is the most important thing in the guideline….
    - It is that the patient received their spleen vaccinations at the designated time OR
    - Is it that the patient received their spleen vaccinations at all?
- Maximally use trauma registry
  - Utilize the registry to
    - Determine appropriate variables and inclusion/exclusion criteria
    - Narrow focus of review
- Enhance awareness of guidelines
  - The more talk about the guidelines, the more others are aware of them.
  - People tend to follow them more often if others are monitoring them.
- Include trauma team in PIPS process
  - Trauma surgeons, trauma advanced providers, trauma-critical care fellows
  - Increased involvement ➔ increased awareness ➔ increased compliance
- Provide congruency with institutional quality scorecards
  - Important because the trauma program does not function in a bubble.
  - Currently, our monitoring plan does not get reported at the institutional level, however, when that process matures, we are ready and this plan will not need to be reworked.
- Assess relevance, compliance and viability of guideline
  - Our ultimate goal is to provide optimal care to the injured patient. Do our guidelines facilitate this endeavor?
  - Do they still matter? Are providers following them?
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**Practice Guideline Monitoring—Developing the Plan**
When your team is ready to sit down and commit the time to develop a monitoring plan, it will be important to ask these questions. They are the foundation to the monitoring plan.

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**Practice Guideline Monitoring—Evaluating the Plan**
High risk → High volume
- Action: Concurrent review of cases on an as needed basis
- Aggregate review of all cases that had been reviewed on an as needed basis to identify common themes
- Review of a sample of patients from a pre-determined time period

High risk → Low volume
- Action: Concurrent review of all cases
- Aggregate review of all cases reviewed

Low risk → High volume
- Action: Routine monitoring of a sample of cases from a pre-determined time period

Low risk → Low volume
- Action: Evaluate need for guideline

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**Monitoring Plan Template**
- One worksheet per PMG or group of PMGs with like datasets
- Benchmark thresh-holds set at ~90% (will likely be adjusted once first review complete)
- Annual plan outlined
- Seasonal variation is accounted for
- Registry identifies the patients
- Volunteers identified to do the reviews
- Begin chart/PMG review
- Report findings

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**Monitoring Plan for Diagnostic Peritoneal Lavage**
Sample monitoring plan

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**Practice Guideline Monitoring—Developing the Plan**
After guideline monitoring plan developed
- Grouped guidelines with similar populations
- Considered seasonal variations when determining when to evaluate the guideline
- Consider volume of patients using guideline

For example, Burn/Cold injuries occur in winter months and reviewed in May once abstraction near completion

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**Practice Guideline Monitoring—Executing the Plan**
This is a sample report from our registry that has been blinded. It relates to the DPL monitoring plan.
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**Practice Guideline Monitoring—Executing the Plan**  
Once the data is obtained, it is prepared for the reviewers. That data is placed in a format that facilitates the review in a simple, straight-forward manner. This is an example of the data sheet that the reviewers would complete either electronically or manually.

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**Practice Guideline Monitoring—Executing the Plan**  
This is an example of an electronically completed data sheet.

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**Practice Guideline Monitoring—Analyzing the Results**  
This is the summary of the review that was presented to our Trauma Committee and Trauma PI Committee.

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**Practice Guideline Monitoring—Evaluating the Plan**  
- **Compliant and Efficacious**  
  Your guideline has been validated. Continue routine monitoring  
- **Compliant but not Efficacious**  
  This indicates that even though the providers followed the guideline the anticipated outcome did not result. This is an opportunity to ensure you asked the right surrogate question(s) for the review. If the monitoring questions are deemed appropriate, a guideline revision is likely needed.  
- **Not Compliant but Efficacious**  
  If your guideline is not followed and you still have the desired outcome, there is a need for guideline review. The guideline may need to be revised so that it reflects the current practice. It is important to evaluate if the current process is acceptable. If these issues are identified, a systematic review of your process and guidelines are needed.  
- **Not Compliant and Not Efficacious**  
  If your guideline is not followed and in doing so the desired outcome is not obtained, a systematic review of your process and guideline are needed.

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**Practice Guideline Monitoring—Communicating the Results**  
- Communicate with: Individuals--Sub-specialties—Multidisciplinary—Institutional  
- Tell anyone that will listen. Look what we are doing, we are validating OUR practice. Sometimes it looks good ….Sometimes not so much but WE ARE DOING IT and TAKING ACTION

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**Practice Guideline Monitoring—Ongoing Development**

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**Practice Guideline Monitoring—Time Commitment, Initial**  
The front end time commitment is not unlike when you are developing and implementing new processes. Once established, the monitoring plans should function with minimal adjustments and much less time commitment.
**Practice Guideline Monitoring—Time Commitment, Subsequent**
The time commitment is well worth it. Processes are validated and quite often improved because of this process. It is a win-win for our patients and our trauma programs.

**Summary**

**Contact Information**
Feel free to contact me at any time. I would be happy to walk through this process with you or answer any questions you may have.